## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

											OT: ico	-i.c.
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	] .	·RATE	FEE
FOR			MUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=		OR	X\$18=	·
IN	DEPENDENT C	. mbus 3 =		•			X43=		OR	X86=		
М	ULTIPLE DEPE	RESENT			ַ <u></u>		1145.		2	.pon.		
• 1	f the difference	in column 1 is	ess than zero, enter		10" in c	s nmujos	!	TOTAL		OR	TOTAL	
/ LAMS AS AMENDED - PARTII											OTHER	
	•		(Colum		(Column 3)	oluinn 3)		ENTITY	OR	SHALL		
. r	Sterlap	CLAIMS REMAINING AFTER		HIGHI NUME PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
: ::		AMENDMENT -	:41.125	. 3	<del>%</del> /	. Q		2 <i>5</i> XS \$-	$O^{-}$	oa	50 XS16=	
:: :::::::::::::::::::::::::::::::::::	ilos optiones on	• 3	nining.		5	- ()	;	X45=	6	loal	<b>7,80</b> ∧80=	:
4	FIRST PRESE	JLTIPLE DE	TIPLE DEPENDENT CL			: <b> </b>	180		OR	#390= ·	· · ·	
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							•	LODIT. FEE		U.A	ADOIT, FEE I	<del></del> ;
·		(Column' 1)		(Colun		(Column.3)	l r	·				ADDI-
14T B	4.24.0%	CLAIMS REMAINING AFTER		HIGHE NUME PREVIO PAIO F	USLY	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE ·	TIONAL FEE
AMENDMENT	Total	- 55	Minus	- 55	3	=. O		XS 8=		OR	XS16=	
	Independent	٠ 5	Minus	··· 5	•	= 0		X43=		OR	X65=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	<del>-/-\</del>		•		
_		•				• •	.[	+/145=	٠.	OR	+290=	
	•		•	•	•		<del>.</del> A	TOTAL DOIT, FEE	1	OR .	TOTAL AÇCIT, FEE	
	•	(Column 1)		. (Colum	n 2)	(Column 3)			:		· · ·	
AMENOMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER :	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	icial	•	Miraus	<b>.</b> :		=	:	X\$.8±	:	OR	X\$18=	
	Indep ndent	•	Minus	•••				X43=		о'n	X£6=.	
ا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							·+145=		OR	+290=	
•	* If the entry in column I is less than the entry in column 2, write "0" is column 3.  ** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, emer 20."							TOTAL		ا ص	TOTAL	
mit the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, emer "20." ADDIT, FEE												
				•	<u>.</u>	<u></u>		n and Trecom	na Office II	DEP	ARIMENT OF	COMMERCE

CAMPICALL ISSUICES

Patient and Trecoman Office, U.S. DEPARTMENT OF COMMERCE